ond to a collection of information unless it displays a valid OMB control number

| Substitute for Form PTO-875 | | | | | | | 10/564,791 | | | 13/2006 | To be Mailed |
|---|---|---|---|---|------------------|---|-----------------------|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED - PART I (Column 1) (Col | | | | | (Column 2) | | SMALL | ENTITY 🗌 | OR | | HER THAN ALL ENTITY |
| | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | П | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | SEARCH FEE (37 CFR 1 16(k), (i), e | or (m)) | N/A | | N/A | | N/A | |] | N/A | |
| | EXAMINATION FE (37 CFR 1,16(o), (p), | iE or (q)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | | minus 20 = | | |] | x \$ = | | OR | x s = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | | minus 3 = | | | 1 | x \$ = | | 1 | X \$ = | |
| | APPLICATION SIZE 37 CFR 1.16(s)) | FEE she is \$ add | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | |] | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMAL | L ENTITY | OR | | ER THAN ALL ENTITY |
| AMENDMENT | 07/05/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16()) | * 6 | Minus | 20 | = 0 | 1 | x s = | | OR | X \$52= | 0 |
| | Independent (37 CFR 1.16(h)) | • 1 | Minus | 3 | = 0 |] | X \$ = | | OR | X \$220= | 0 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(j)) | | | | | 1 | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,15()) | * | Minus | | - | 1 | X \$ = | | OR | x s = | |
| DM | Independent (37 CFR 1 16(h)) | • | Minus | *** | - |] | x s = | | OR | x s = | |
| Π̈́ | Application Size Fee (37 CFR 1.16(s)) | | | | | 1 | | | ı | | |
| Α | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | ı | | | OR | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | |
| *If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number to und in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total in Independent) is the highest number to und in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total in Independent) is the negative to be independent box in column 1. | | | | | | | | | | | |

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 38 USS. C.12 and 37 CFR 1.1.4. This collection is estimated to their bet 2 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Celler Information Cfiber. U.S. Platent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, W. 22319-1450, DO NOT SEND FEES OR COMPLETED FORMISTO THIS ADDRESS SEND TO: Commissionment for Patients, P.C. Box 1450, Alexandria, W. 22319-3450, DO NOT SEND FEES OR COMPLETED FORMISTO THIS